

Amendment No. 1 to SB2209

McNally
Signature of Sponsor

AMEND Senate Bill No. 2209

House Bill No. 2430*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, is amended by adding the following as a new part:

56-7-3501. This part shall be known and may be cited as the "Cancer Patient Choice Act".

56-7-3502. As used in this part:

(1) "Commercial insurance" includes:

(A) Any individual or group health insurance policy providing coverage on an expense-incurred basis;

(B) Any individual or group service contract issued by a hospital or medical service corporation;

(C) Any individual or group service contract issued by a health maintenance organization;

(D) Any self-insured group arrangement to the extent not preempted by federal law, which is delivered, issued for delivery, or renewed in this state on or after July 1, 2016; and

(E) Any existing health insurance policy, health plan, group arrangement or contract;

(2) "Proton therapy" means the advanced form of radiation therapy that utilizes protons as an alternative radiation delivery method for the treatment of tumors;

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(3) "Radiation therapy" means the delivery of a biological effective dose with proton therapy, intensity modulated radiation therapy (IMRT), brachytherapy, stereotactic body radiation therapy, three-dimensional (3-D) conformal radiation therapy, or other forms of therapy using radiation;

(4) "TennCare" means the medical assistance program of this state under title 71, chapter 5.

56-7-3503.

(a) To afford all eligible patients effective access to all available radiation therapy treatments and afford them opportunity to choose any radiation therapy delivery method that their physician determines will result in the best clinical outcome, and to establish parity among the various methods of delivering radiation therapy, on and after July 1, 2016, all commercial insurance that is issued, amended, or renewed that covers hospital, medical, or surgical expenses on an individual or group basis shall offer coverage for proton therapy for all indications covered by medicare, under those terms and conditions as may be agreed upon between the individual or group subscriber and the plan. Every plan shall communicate the availability of that coverage to all individual and group contract holders and to all prospective individual and group contract holders with whom they are negotiating.

(b) The benefits required by this part shall be subject to the annual deductible and co-insurance established for radiation therapy and other similar benefits within the policy or contract of insurance; provided, the annual deductible and co-insurance for any

radiation therapy delivery method permitted by this section are no greater than the annual deductible and co-insurance established for all other similar benefits within that policy or contract of insurance.

(c) This part shall not apply to insurance coverage providing benefits for the following:

- (1) Hospital confinement indemnity;
- (2) Disability income;
- (3) Accident-only;
- (4) Long-term care;
- (5) Limited benefit health;
- (6) Specific disease indemnity;
- (7) Sickness or bodily injury or death by accident; or
- (8) Other limited benefit policies.

(d) This part shall not apply to TennCare or any successor program provided for in title 71, chapter 5.

(e) An insurer, third-party administrator, or healthcare services plan is not required to offer the coverage provided by this section as part of any contract covering employees of a public entity through the state group insurance program.

SECTION 2. This act shall take effect on July 1, 2016, the public welfare requiring it.